FEC

Only

STATEMENT OF

PAGE 1 / 14

ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. JOHN JAMES FOR CONGRESS, INC. P.O. BOX 628 ADDRESS (number and street) (Check if address is changed) ST. CLAIR SHORES 48080 MI CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address KIRSTEN@CROSBYOTT.COM is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.JOHNJAMESMI.COM (Check if address is changed) DATE 2024 C00803502 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer QUICK, KIRSTEN,, QUICK, KIRSTEN, , , 07 02 2024 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	he candidate
Name of Candidate JAMES, JOHN, , ,	
Candidate Party Affiliation REP Office Sought: House Senate President	State MI District 10
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee:	
(National, State (Democrati	ic, n, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:
Corporation Corporation w/o Capital Stock Labor C	Organization
Membership Organization Trade Association Cooper	rative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid P	PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Committees Participating in Joint Fundraiser	
1. C	
C	

JOHN JAMES FOR MICHIGAN Mailing Address P.O. BOX 628 ST. CLAIR SHORES	Г	_		
Write or Type Committee Name JOHN JAMES FOR CONGRESS, INC. 8. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor JOHN JAMES FOR MICHIGAN Mailing Address P.O. BOX 628 Relationship: Connected Organization Affiliated Organization STATE A ZIP CODE A Relationship: Connected Organization Affiliated Organization STATE A ZIP CODE A Relationship: Tonnected Organization Affiliated Organization of the person in possession of committee books and records. GUICK, KIRSTEN Full Name Mailing Address P.O. BOX 628 ST. CLAIR SHORES MI 48989 P.O. BOX 628 Tritle or Position ▼ ITREASURER Telephone number Telephone number Alexander of the committee, and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer QUICK, KIRSTEN Mil 48989 P.O. BOX 628 ST. CLAIR SHORES Mil 48989 ST. CLAIR SHORES Mil 48989 P.O. BOX 628 ST. CLAIR SHORES Mil 48989 P.O. BOX 628 ST. CLAIR SHORES Mil 48989 ST. CLAIR SHORES Mil 48989 P.O. BOX 628 ST. CLAIR SHORES Mil 48989 ST. CLAIR SHORES Mil 48989 P.O. BOX 628 ST. CLAIR SHORES Mil 48989 ST.		FFC Form 1 /	Revised 02/2009)	Page 3
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Address CITY ▲ STATE ▲ ZIP CODE ▲ Relationship: Connected Organization Affiliated Organization X Joint Fundraising Representative Leadership PAC Spons 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. OUICK, KIRSTEN, Full Name Address CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ TREASURER Telephone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name OUICK, KIRSTEN, Full Name OUICK, KIRSTEN, Full Name OUICK, KIRSTEN, OUICK, KIRSTEN, Telephone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name OUICK, KIRSTEN, OUICK, KIRSTEN, Full Name OUICK, KIRSTEN, OTHERSTER OUICK, KIRSTEN, OTHERSTER OUICK, KIRSTEN, OUICK, KIRSTEN, Address OUICK, KIRSTEN,				
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Title or Position ▼ TREASURER Telephone number Telephone numbe				
Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer P.O. BOX 628 Mailing Address P.O. BOX 628 ST. CLAIR SHORES MI 48080 CITY A STATE A ZIP CODE A			CITY ▲ STATE ▲	ZIP CODE ▲
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name OUICK, KIRSTEN, , , of Treasurer Mailing Address P.O. BOX 628 ST. CLAIR SHORES CITY STATE ZIP CODE ZIP CODE				
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Mailing Address P.O. BOX 628 ST. CLAIR SHORES MI 48080 CITY ▲ STATE ▲ ZIP CODE ▲		Full Name	QUICK, KIRSTEN, , ,	
Mailing Address ST. CLAIR SHORES MI 48080 CITY ▲ STATE ▲ ZIP CODE ▲		of Treasurer		
CITY ▲ STATE ▲ ZIP CODE ▲		Mailing Address	P.O. BOX 628	
CITY ▲ STATE ▲ ZIP CODE ▲				
			ST. CLAIR SHORES	8080
		Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
TREASURER				- , , - , , .

Telephone number

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
	Depositories: List all banks or other depositories in which the committee deposits funds, holkes or maintains funds.	ds accounts, rents
Name of Bank, D	epository, etc.	
	CHAIN BRIDGE BANK, N.A.	
Mailing Address	1445A LAUGHLIN AVENUE	
	MCLEAN VA 22101	
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
	WELLS FARGO BANK	
Mailing Address	8302 WOODMONT AVENUE	
	BETHESDA MD 20814	
	CITY ▲ STATE ▲	ZIP CODE ▲

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		Participant:				
1				FEC II	D number	С
2				FEC II	D number	С
3				FEC II	D number	С
4.				FEC II	D number	C
Name of A	ny Connected (Organization, Affili	iated Committee, Joint	Fundraising Re	presentative	e, or Leadership PAC Spons
SCOTT	FRANKLIN W	INGMAN FUND				
		P.O. BOX 2811				
Mailir	ng Address					
		LAKELAND				00000
		LAKELAND			FL	33806
Relati	ionship:		CITY A		STATE ▲	ZIP CODE ▲
		by name, address	(phone number – option	nal)		
Full Na	me	l	(pnone number – option	nal)		
	me L	by name, address	(pnone number – option	ial)		
		by name, address	(pnone number – option	ial)		
			(pnone number – option	ial)		
Mailing			CITY A		STATE A	ZIP CODE A
Mailing	Address					ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
PROTECT THE HO	JSE 2024 		
Mailing Address	PO BOX 30844		
			1 1 1 1 1 1 1 1 1
	BETHESDA	MD	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee X Join fy by name, address (phone number – optional)	nt Fundraising Representa	
			tive Leadership PAC Sp
esignated Agent: Identi			
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

		g Participant:				
1.				FEC ID	number	C
2				FEC ID	number	С
3				FEC ID	number	С
4.				FEC ID	number	C
				_		
Name o	f Any Connected	Organization, Affil	iated Committee, Joint	Fundraising Rep	resentative	e, or Leadership PAC Spons
TRAI	NSPORTATION	TRUST FUND				
Ma	ailing Address	502 6TH STREE	т			
IVI	aning Address					
		HUDSON			ı WI ı	54016
Б.	Jationalair.		01777			
Re	elationship:	_	CITY A		STATE ▲	ZIP CODE ▲
Designa	ted Agent: Identify	by name, address	(phone number – option	nal)		
	ted Agent: Identify	by name, address	(phone number – option	al)		
Full		by name, address	(phone number – option	al)		
Full	Name	by name, address	(phone number – option	nal)		
Full	Name	by name, address	(phone number – option	al)		
Full Maili	Name		city A		STATE A	ZIP CODE A
Full Maili	Name					ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.						
			FEC ID	number	C	_
2.			FEC ID	number	С	_
3.			FEC ID	number	C	
4.			FEC ID	number	С	
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Name of Any Conne	cted Organization, Affi	liated Committee, Joint	Fundraising Repr	esentative	e, or Leadership PAC Spo	ons
AMERICAN BAT	TLEGROUND FUND)		1 1 1		ı
Mailing Address	PO BOX 30844					
	BETHESDA		1	MD	20824	1
Polotionobin:		CITY ▲		STATE A	ZIP CODE ▲	
	entify by name, address		Joint Fundraising	Representa	ative Leadership PAC	Spo
Conr		Affiliated Committee X s (phone number – option		Representa	ative Leadership PAC	Spo
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Conr Designated Agent: Id	entify by name, address		nal)	TATE A	Leadership PAC ZIP CODE ZIP CODE	Spo

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
_	Organization, Affiliated Committee, Joint Fundamental Fundament	draising Representative	e, or Leadership PAC Spons
SCALISE LEADERS	SHIP FUND 2024		
Mailing Address	320 1ST ST SE		<u> </u>
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee X Joint J	nt Fundraising Representa	auve Leadership PAC Sp
		nt Fundraising Representa	Leadership PAC Sp
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Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address		ng Participant:		
3	1.		FEC ID number	C
A. STATE A ZIP CODE Connected Organization Affiliated Committee, Joint Fundraising Representative, or Leadership PAC GROW THE MAJORITY Mailing Address 228 S WASHINGTON ST STE 115 ALEXANDRIA ALEXANDRIA ALEXANDRIA CITY A STATE A ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION CITY A STATE A ZIP CODE Telephone Number — Telephone Number — Telephone Number — CITY A STATE A ZIP CODE Tolephone Number — CITY A STATE A ZIP CODE Telephone Number — CITY A STATE A ZIP CODE Telephone Number — CITY A STATE A ZIP CODE Telephone Number — CITY A STATE A ZIP CODE Telephone Number — CITY A STATE A ZIP CODE Telephone Number — CITY A STATE A ZIP CODE Telephone Number — CITY A STATE A ZIP CODE Telephone Number — CITY A STATE A ZIP CODE Telephone Number — CITY A STATE A ZIP CODE Tolephone Number — CITY A STATE A ZIP CODE Telephone Number — CITY A STATE A ZIP CODE Telephone Number — CITY A STATE A ZIP CODE Telephone Number — CITY A STATE A ZIP CODE Telephone Number — CITY A STATE A ZIP CODE Telephone Number — CITY A STATE A ZIP CODE Telephone Number — CITY A STATE A ZIP CODE Telephone Number — CITY A STATE A ZIP CODE Telephone Number — CITY A STATE A ZIP CODE Telephone Number — CITY A STATE A ZIP CODE Telephone Number — CITY A STATE A ZIP CODE Telephone Number — CITY A STATE A ZIP CODE Telephone Number — CITY A STATE A ZIP CODE Telephone Number — CITY A STATE A ZIP CODE Telephone Number — CITY A STATE A ZIP CODE Telephone Number — CITY A STATE A ZIP CODE Telephone Number — CITY A STATE A ZIP CODE Telephone Number — CITY A STATE A ZIP CODE Telephone Number — CITY A STATE A ZIP CODE TELEPHONE NUMBER — CITY A STATE A ZIP CODE Telephone Number — CITY A STATE A ZIP CODE TELEPHONE NUMBER — CITY A STATE A ZIP CODE TELEPHONE NUMBER — CITY A STATE A ZIP CODE TELEPHONE NUMBER — CITY A STATE A ZIP CODE TELEPHONE NUMBER — CITY A STATE A	2		FEC ID number	C
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Relationship: CITY A STATE A ZIP COL Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Pesignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION CITY A STATE A ZIP CODE Telephone Number Telephone Number Telephone Number Telephone Number Telephone Stanks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accourafety deposit boxes or maintains funds.	Mailing Address	228 S WASHINGTON ST STE 115		1 1 1 1 1 1 1 1 1 1
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Connected Organization		ALEXANDRIA	VA	22314
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Mailing Address	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or management of Bank,	CITY ▲ Ories: List all banks or other depositories in white naintains funds.	Telephone Number	s funds, holds accounts, rent
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ig Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
EMMER MAJORITY	BUILDERS		
Mailing Address	824 S. MILLEDGE AVE. STE. 101		
	ATHENS	GA	30605
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee X Jointy by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC Sp
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5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	С
6. Name	of Any Connected O	rganization, Affiliated Committee, Joint Fundra	nising Representative	e, or Leadership PAC Sponsor
LE <i>A</i>	AN FORWARD AME	ERICA FUND		
N	Mailing Address	502 6TH STREET		
_	Salation of the	HUDSON	WI WI	54016
ŀ	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
_		by name, address (phone number – optional)		
	I Name			
	I Name	<u> </u>		
	I Name			
Ма	illing Address	CITY A	STATE A	ZIP CODE A
Ма		1	STATE A	ZIP CODE A
Ма	illing Address	,	STATE A	ZIP CODE A
9. Banks safety	or Other Depositoried	Teles: List all banks or other depositories in which t	ephone Number	
9. Banks safety	TLE OR POSITION or Other Depositorie	es: List all banks or other depositories in which that itains funds.	ephone Number	s funds, holds accounts, rents
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9. Banks safety Name Deposi	or Other Depositoried deposit boxes or main of Bank, tory, etc.	es: List all banks or other depositories in which that itains funds.	ephone Number	s funds, holds accounts, rents

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(h). Joint Fundrais				
1.		FEC II	0 number	С
2.		FEC II	0 number	C
3.		FEC II) number	C
4.		FEC II	number	С
lame of Any Connected JKLC VICTORY FU	d Organization, Affiliated Committee, J ND	Joint Fundraising Rep	oresentative	, or Leadership PAC Spons
Mailing Address	502 6TH STREET			
	HUDSON		WI	54016
Relationship:	CITY A		STATE A	ZIP CODE ▲
	Affiliated Committee fy by name, address (phone number –	X Joint Fundraising	g Representa	tive Leadership PAC Sp
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esignated Agent: Ident			g Representa	tive Leadership PAC Sp
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1.				FEC ID	number	C	
2				FEC ID	number	С	
3.				FEC ID	number	С	
4.				FEC ID	number	С	
	-		ated Committee, Joint	Fundraising Rep	resentative	e, or Leadership PA	AC Spons
MICHIG	SAN VICTORY						
Mailin	ng Address	228 S WASHING	TON STREET		1 1 1		1 1 1
	·	SUITE 115					
		ALEXANDRIA			VA	22314	_1
			CITY A		STATE A	ZIP CO	DDE 🛦
				(Joint Fundraising	Representa	ative Leadershi	ip PAC Sp
	Connected I Agent: Identify		Affiliated Committee		Representa	Leadershi	ip PAC Spo
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